

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS5234PCA</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/21/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>HAPPY HEALTH SERVICES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3611 LINDELL RD #107 LAS VEGAS, NV 89103</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 000	<p>Initial Comments</p> <p>Surveyor: 28381 This findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>This Statement of Deficiencies was generated as a result of the State Licensure survey conducted in your agency on January 19 through January 20, 2010. The state licensure survey was conducted at your agency by authority of Chapter 449, Personal Care Agencies.</p> <p>The patient census was 76. Ten client records were reviewed. Five client contacts were made. Fourteen personnel files were reviewed.</p> <p>The following regulatory deficiencies were found:</p>	P 000		
P 200	<p>Section 15(11 Performance Evaluation</p> <p>11. Provide for periodic evaluations of the performance of attendants and other members of the staff of the agency;</p> <p>This STANDARD is not met as evidenced by: Surveyor: 28383 Based on record review, policy review and staff interview, the agency did not have a policy providing for periodic performance evaluations of staff. Evaluations were not completed for the employees.</p> <p>Severity: 1 Scope: 3</p>	P 200		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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P 230	Continued From page 1	P 230		
P 230	<p>Section 16.1(a-i) Personnel File</p> <p>Sec. 16. 1. A separate personnel file must be kept for each attendant of an agency and must include, without limitation:</p> <p>(a) The name, address and telephone number of the attendant;</p> <p>(b) The date on which the attendant began working for the agency;</p> <p>(c) Documentation that the attendant has had the tests or obtained the certificates required by NAC 441A.375;</p> <p>(d) Evidence that the references supplied by the attendant were checked by the agency;</p> <p>(e) Evidence of compliance with NRS 449.179 by the administrator of the agency or the person licensed to operate the agency with respect to the attendant;</p> <p>(f) Proof that, within 6 months after the attendant began working for the agency, the attendant obtained a certificate in first aid and cardiopulmonary resuscitation issued by the American National Red Cross or an equivalent certificate approved by the Health Division;</p> <p>(g) Proof that the attendant is at least 18 years of age;</p> <p>(h) Proof of possession by the attendant of at least the minimum liability insurance coverage required by state law if the attendant will be providing transportation to a client in a motor vehicle; and</p> <p>(i) Documentation of all training attended by and performance evaluations of the attendant.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 28383 Based on record review and staff interview, the</p>	P 230		

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P 230	Continued From page 2  agency failed to have documentation of the testing required by NAC 441A.375 for 9 of 14 attendants.  1. Employees #1, 2, 3, 4, 5, 6, 7, 8 and 9 did not have documentation of an examination completed by a physician indicating the employee was in a state of good health, was free from active tuberculosis and any other communicable disease in a contagious state.  2. Employee #8 did not have evidence of a current 2 step TB test.  Severity: 2 Scope: 3	P 230			
P 270	Section 17.1 Supervisory Visits  Sec. 17. 1. The administrator of an agency or his designee shall conduct supervisory home visits or telephone calls to the home of each client of the agency to ensure that quality personal care services are provided to the client.  This STANDARD is not met as evidenced by: Surveyor: 28383 Based on record review and staff interview, the agency did not have documented evidence of supervisory home visits or telephone calls to the home of clients to ensure that quality personal care services are provided.  1. Lack of documentation for supervisory oversight was noted in both the employee files and the client files.  Severity: 2 Scope: 3	P 270			

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